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November 11, 2005

From: Dan Cleveland, Jr.

Matter No.: 426989

То:	Company:	Fax Number:	
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Application Number

10/623,641

Filing Date

July 21, 2003

First Named Inventor

Per A. Enevoldsen

Art Unit

3677

Examiner Name

Ruth C. Rodriguez

Attorney Docket Number

426989

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

	Atty. Docket No.					
applicant(s): Per A. Er						
Application No.	lication No. Filing Date Examiner					
10/623,641	July 21, 2003	Ruth C. Rodriguez	3677			
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Date of Transmitt	al: November 11, 2005					
	at the following document					
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1. Transmitt	tal Form (1 page)					
2. Fee Trans	smittal FY 2005 (1 page, in on Disclosure Statement by	duplicate)				
4. Copy of c	eited reference (4 pages)	Aybucant (t bage)				
Statement	t Accompanying IDS (2 pa	ges)				
6. Fax Cove	т Sheet (1 page)					
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under 37 CFR1.52 or 1.53

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PTC/SB/21 (09-04)
Approved for use through 07/31/2008, OMB 0851-0031
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Application Number 10/623,641 TRANSMITTAL Filing Date July 21, 2003 FORM First Named Inventor Per A. Enevoldsen Art Unit 3677 **Examiner Name** Rodriguez, Ruth C. (to be used for ell correspondence after initial filling. Total Number of Pages in This Submission Attorney Docket Number 426989 ENCLOSURES (check all that apply) Fee Transmittal Form ☐ Drawing(s) After Allowance Communication to TC Appeal Communication to Board Fee Attached Licensing-related Papers of Appeals and Interferences Petition Appeal Communication to TC Amendment / Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a __ After Final Proprietary Information Provisional Application Power of Attorney, Revocation Affidavits/declaration(s) Change of Correspondence Address Status Letter __ Terminal Disclaimer Other Enclosure(s) Extension of Time Request (ploase identify below): Request for Refund Certificate of Transmission Express Abandonment Request Fax cover sheet CD, Number of CD(s) Copy of 1 cited reference Information Disclosure Statement ☐ Landscape Table on CD Statement Accompanying IDS Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Lathrop & Gage LC Signature Printed Name Dan Cleveland, Jr. Date November 11, 2005 Reg. No. 36,106 CERTIFICATE OF TRANSMISSION/MAILING

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Signature Karen Jodzio-Head Date November 11, 2005

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Effective on 12/08/2004.

es pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

10/823,841

PTO/SB/17 (12-04v2) Approved for use through 07/31/2008. OMB 0651-0032

Complete If Known

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Application Number

for FY 2005		Filir	Date July 21, 2003						
		Firs	t Named Inventor	Per A. Enevoldsen					
Applicant claims small entity status. See 37 CFR 1.27		1.27 Exa	miner Name	Ruth C. Rodriguez					
		Art	Unit	3677	-				
TOTAL AMOUNT OF PAYMEN	T (\$) 180	Alto	rney Docket No.	426989					
METHOD OF PAYMENT (ch	eck all that apply)	· · · · · · · · · · · · · · · · · · ·							
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :									
Deposit Account Deposit Account Number: 12-0600 Deposit Account Name: Lathrop & Gage LC									
For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) In			_	ge fee(s) Indicated be		for the filling foe			
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Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public, Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEARCH	AND EXAMINATIO	N FEES	. 						
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Application Type Fee	\$mall Entity (\$) Fee(\$)	Fee(\$)	Small Entit Fee(\$)		all Entity Fee(\$)	Fees Paid (\$)			
Utility 300	150	500	250		100	1 003 1 210 (4)			
Design 200	100	100	50	130	65				
Plant 200	100	300	150	160	80				
Reissue 300	150	500	250	600 3	300				
Provisional 200	100	0	0	0	0				
2. EXCESS CLAIM FEES						Small Entity			
Fee Description Each claim over 20 (including	Peiceuse)				Fee (\$)	Fee (\$)			
Each independent claim over	30 (including Reissues)			50 200	25 100			
Multiple dependent claims		,			360	180			
Total Claims Ex -20 or HP=	tra Claims Fee		<u>ee Pald (\$)</u>			Dependent Claims			
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APPLICATION SIZE FEE If the specification and drawing	r avased 100 shorts of			~ : 1					
listings under 37 CFR	.52(e)), the application	ı size fee due i	s \$250 (\$125 for	y nied sequence or co small entity) for eac	omputer h additional	50			
sheets or fraction there	of. See 35 U.S.C. 41(a)	(1)(G) and 37	CFR 1.16(s)						
<u>Total Sheets</u> <u>Extr</u>	<u>a Sheets </u>	of each ad	Iditional 50 or	fraction thereof	<u>Fee (\$)</u>	Fee Paid (\$)			
4. OTHER FEE(S)		(rouna u	p to a whole nu	imber) x					
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Information Disclosure Statement Fee 180									
180									
SUBMITTED BY									
Signature	()	*	Registration No. (Attorney/Agent)	36,108	Telephone	720-631-3012			
Name (Print/Type) Oan Clevelan	L. Jr.		[Tan-surphyday]		0770	Al			

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